

# ATTACHMENT 2

## Missouri Ambulance Reporting System Record Layout

Electronic data must be submitted quarterly on a 3 1/2 inch IBM compatible floppy disk in a fixed width ASCII or comma delimited (without field qualifiers such as quotation marks) ASCII format with a carriage return and line feed at the end of each record. All field types with an N (number) must be right justified and left zero filled. All other fields must be left justified.

<b>F I E L D #</b>	<b>FIELD NAME</b>	<b>T Y P E</b>	<b>L E N G T H</b>	<b>C U M U L</b>	<b>REMARKS, EDIT INSTRUCTIONS</b>
01	run report number	N	6	6	assigned by ambulance service
02	date of run	N	8	14	January 15, 2004=01152004
03	ambulance service #	N	6	20	ambulance service number assigned by UEMS
04	vehicle identification number	G	4	24	as assigned by ambulance service or unknown = blank
05	hospital or city of pickup	N	5	29	hospital code # or city code # or unknown = blank
06	county of pickup	N	3	32	county code number assigned by BEMS or FIPS code or unknown = blank
07	state of pickup	G	2	34	Missouri = MO, Illinois = IL, etc. or FIPS code
08	type of run - to scene	N	1	35	emergency = 1
09	type of run - from scene	N	2	37	life threatening transported = 1
10	call received time	N	4	41	0001 to 2400 or unknown = blank
11	unit dispatched time	N	4	45	0001 to 2400 or unknown = blank
12	unit en-route time	N	4	49	0001 to 2400 or unknown = blank
13	arrive scene time	N	4	53	0001 to 2400 or unknown = blank

14	depart scene time	N	4	57	0001 to 2400 or unknown = blank
15	arrive destination time	N	4	61	0001 to 2400 or unknown = blank
16	place of incident	N	1	62	0 to 9 or unknown = blank
17	driver/pilot license num.	G	7	69	unknown = blank
18	attendant #1 license num.	G	7	76	unknown = blank
19	attendant #2 license num.	G	7	83	unknown or NA = blank
20	systolic blood pressure	N	3	86	000 to 399 or unknown = blank
21	respiratory rate/min.	N	2	88	00 to 99 or unknown = blank
22	glasgow coma score	N	2	90	03 to 15 or unknown = blank
23	protective equipment	N	1	91	1 to 9 or unknown = blank
24	factors affecting ems #1	N	2	93	01 to 11 or unknown = blank
25	treatment authorization	N	1	94	1 to 7
26	trauma assessment #1	N	2	96	00 to 99 or unk & NA = blank
27	trauma assessment #2	N	2	98	00 to 99 or unk & NA = blank
28	trauma assessment #3	N	2	100	00 to 99 or unk & NA = blank
29	trauma assessment #4	N	2	102	00 to 99 or unk & NA = blank
30	trauma assessment #5	N	2	104	00 to 99 or unk & NA = blank
31	trauma assessment #6	N	2	106	00 to 99 or unk & NA = blank
32	cause of injury	N	2	108	01 to 32
33	illness assessment	N	2	110	01 to 25
34	destination determin.	N	2	112	01 to 12
35	hospital diverted from	N	5	117	hospital code assigned by UEMS or unknown & NA = blank
36	aid/treatment/diag. #1	N	2	119	01 to 76 or unknown & no aid = blank
37	aid/treatment/diag. #2	N	2	121	01 to 76 or unknown & no aid = blank
38	aid/treatment/diag. #3	N	2	123	01 to 76 or unknown & no aid = blank
39	aid/treatment/diag. #4	N	2	125	01 to 76 or unknown & no aid = blank
40	aid/treatment/diag. #5	N	2	127	01 to 76 or unknown & no aid = blank
41	aid/treatment/diag. #6	N	2	129	01 to 76 or unknown & no aid = blank
42	aid/treatment/diag. #7	N	2	131	01 to 76 or unknown & no aid = blank
43	aid/treatment/diag. #8	N	2	133	01 to 76 or unknown & no aid = blank
44	aid/treatment/diag. #9	N	2	135	01 to 76 or unknown & no aid = blank

45	aid/treatment/diag. #10	N	2	137	01 to 76 or unknown & no aid = blank
46	last name	A	15	152	(left justify) or unknown = blank
47	first name	A	10	162	(left justify) or unknown = blank
48	middle initial	A	1	163	unknown = blank
49	city of patient residence	N	4	167	city code number assigned by UEMS or unknown = blank
50	county of patient residence	N	3	170	county code number assigned by UEMS or FIPS code or unknown = blank
51	state of patient residence	G	2	172	Missouri = MO, Illinois = IL, etc. or FIPS code or unknown = blank
52	zip code of patient residence	N	5	177	zip code or unknown = blank
53	date of birth	N	8	185	January 15, 1995=01151995 or unknown = blank
54	race of patient	N	1	186	1 to 4 or unknown = blank
55	sex of patient	N	1	187	1 or 2 or unknown = blank
56	patient destination	N	5	192	hospital code # assigned by UEMS or unknown = blank Rendezvous = 66666